713034363 752755F63



City of Hermosa Beach 1315 Valley Drive, Hermosa Beach, CA 90254 310.318-0203 - Fax 310.372-6186

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Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

	- Allinaman di Paris	T						
Name (please print)	S CLAIMS SOLUTIONS INC	Email:						
Address:		Phone:						
P.O.BOX 7401	67	(678)924-4900 FAX (678)924-4901						
City:		Fax:						
ATLANTA,GA 303								
Record or Document Requ	100000000000000000000000000000000000000	77.5.						
	To assist the City with your request, please identify each requested record/document separately. Please be as specific as							
• • • • •	•	delayed or may prove to be burdensome and therefore the						
City may not be able to respo	ond. (Additional sheets may be u	sed) Submit all requests to the City Clerk's Office.						
Fire Building 18-0	911 12/8/17	840 18TH ST						
	7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
JOHN MIK	ITA							
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Photocopies are \$0.10 per pareleased.	Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are							
released.								
I agree to pay all applicable	fees and charges per the City	Council Resolution of Fees for any copies I request of the						
above mentioned document. Accepted method of payment: Cash or check. Credit card accepted in person only.								
10.11								
1,V H		*						
<u></u>		5/7/18						
Signature		Date						
For Departmental Use Only:	Action Taken:	D						
Action Requested: Review Only	Document Reviewed	By Date Non-Existent Document						
Copies Requested	Copies Provided	Other (Please Explain)						
ecconditions on the second	Refusal/Reason							
For City Clerk's Use Only:	Modified Dr.	Data Bishad Up or Mailed						
Date Requestor Notified	Notified By:	Date Picked Up or Mailed						
',								

713034363

5.879

P.O.BOX 740167 ATLANTA, GA 30374-0167 (678)924-4900 FAX (678)924-4901



THIS IS A REQUEST FOR A REPORT

HERMOSA BEACH FIRE DEPT. ATTN:RECORDS DEPT. **540 PIER AVENUE** HERMOSA BEACH, CA 90254

5/7/18





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5/7/18 TRAN: 713034363 REPO	RT REQUEST					
PLEASE CHECK A CIRCLE BELOW	P.O.BOX 740167 ATLANTA, GA 30374-0167 (678)924-4900 FAX (678)924-4901					
Report Attached: Report Cost: \$ Number of Pages: (including this sheet)	1/800-934-9698 press 3 TOLL FREE FAX: 1/800-934-6449					
No Report Found with the information provided No Report Written - Log entry only / Driver Exchange of Info. Loss location not in our Jurisdiction Suggest You Try: Not Releasable / Not Ready Comments & Suggestions: LOCATION OF LOSS 840 18TH ST	Report/Case #					
CityHERMOSA BEACH Additional Information						
VEHICLE INFO	DRIVERS or VICTIMS INFO					
Car Tag # State	Insured Party JOHN A MIKITA					

POLICE or FIRE AGENCY who wrote report?

_____Year__

HERMOSA BEACH FD

Client Division

DR

Make_

VIN_

6626 Claim #

Internal Codes 5.879

Page 1 of 1

Claims Adjuster

D.O.B. _____11/17/56_ SS# _____

TRAN: 713034363

____ State .

CJ6S

Police Dept.: Please Return This Form With Your Response... Thanks

Drivers Lic #_

Driver #2.

Driver #3_

(Rev. 1/16)



P.O.BOX 740167 ATLANTA,GA 30374-0167 (678)924-4900 FAX (678)924-4901

PAY

REQUEST COPY ONLY

Attention Records Dept.:

AMOUNT

Please help us by returning our Control Copy with the report. Thank you.

TO THE ORDER OF



VOIDVOID**VOID**

VOIDVOID**

VOIDVOID**

AUTHORIZED SIGNATURE



5/7/18

OUR NUMBER 713034363

REPORT REQUEST



POLICE RECORDS PLEASE RESPOND HERE

P.O.BOX 740167 ATLANTA, GA 30374-0167 (678)924-4900 FAX (678)924-4901

Report Attached

Report Cost \$

Number of Pages (including this sheet) STATE FARM CLAIMS COMPASS

TOLL FREE FAX: 1/800-934-6449

Unable to Locate Report with info provided	Report/Case # 18-0911	
Loss location not in our Jurisdiction	Type of Report Fire Building	
Suggest You Try		0:0:0
No Report Written - Log entry only	Date of Occurrence Time	
Not Releasable / Not Ready	Precinct or District	
Comments & Suggestions		

LOCATION OF LOSS

840 18TH ST

State_CA HERMOSA BEACH LOS ANGELES County_ City:

Additional Information

VEHICLE INFO

DRIVERS or VICTIMS INFO

State _____ Insured Party JOHN Car Tag # ___

__ SS# ____ __Year_

Drivers Lic # ___

Driver #3 ___

POLICE or FIRE AGENCY who wrote report?

HERMOSA BEACH FD

LexisNexis Client ID 6626

Division

Claim # 752755F63 Internal Codes

11/17/56

_____ State ____

Driver #2 ___

Claims Adjuster

CJ6S

TRAN: 713034363

MIKITA